

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Values are Vital

ADDRESS (number and street)

PMB 89

1217 Cape Coral Pkwy E

Cape Coral

FL

33904

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00552422

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 03 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald M Firman

Signature of Treasurer

Ronald M Firman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Values are Vital

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 03 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		1010000.00
(b) Cash on Hand at Beginning of Reporting Period.....	126991.15	
(c) Total Receipts (from Line 19)	572304.71	1674304.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	699295.86	2684304.71
7. Total Disbursements (from Line 31)	698755.80	2683764.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	540.06	540.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Values are Vital

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 03 / 2014

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

569000.00

1671000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

569000.00

1671000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

569000.00

1671000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

3300.00

3300.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

4.71

4.71

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

572304.71

1674304.71

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

572304.71

1674304.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	95212.61	159292.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95212.61	159292.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	603543.19	1416792.26
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1107679.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1107679.91
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	698755.80	2683764.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	698755.80	2683764.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	569000.00	1671000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1107679.91
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	569000.00	563320.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	95212.61	159292.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3300.00	3300.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	91912.61	155992.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427320.09

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527320.09

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

C. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627320.09

Date of Receipt

M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period

100000.00

SUBTOTAL of Receipts This Page (optional)..... ►

250000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677320.09

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702320.09

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

C. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777320.09

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period

75000.00

SUBTOTAL of Receipts This Page (optional)..... ►

150000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817320.09

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period

40000.00

Full Name (Last, First, Middle Initial)

B. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877320.09

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period

60000.00

Full Name (Last, First, Middle Initial)

C. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937320.09

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period

60000.00

SUBTOTAL of Receipts This Page (optional)..... ►

160000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

941320.09

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Ronald M Firman

Mailing Address 247 SW 8th Street
#301

City State Zip Code
Miami FL 33130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946320.09

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

569000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Morado & Associates, LLC

Mailing Address 1217 E Cape Coral Parkway
PMB #160

City	State	Zip Code
Cape Coral	FL	33904

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA15.4423

Amount of Each Receipt this Period

3300.00

Refund for advertising

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00

3300.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Values are Vital

A. Arent Fox LLP

Category/
Type

3000.00

State: District:

B. Arent Fox LLP

Category/
Type

6641.50

State: District:

C. Axiom Strategies, LLC

Category/
Type

5025.00

State: District:

14666.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Axiom Strategies, LLC

Mailing Address 1251 NW Briarcliff Parkway
Suite 85

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Advisory Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SB21B.4432

Amount of Each Disbursement this Period

14327.40

Full Name (Last, First, Middle Initial)

B. Axiom Strategies, LLC

Mailing Address 1251 NW Briarcliff Parkway
Suite 85

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Advisory Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : SB21B.4433

Amount of Each Disbursement this Period

1075.02

Full Name (Last, First, Middle Initial)

C. Axiom Strategies, LLC

Mailing Address 1251 NW Briarcliff Parkway
Suite 85

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Advisory Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB21B.4442

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15702.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Evolution Media

Mailing Address 308 McDaniel St

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Advisory Services

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 30 2014
Transaction ID : SB21B.4434

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. Finemark National Bank - Trust

Mailing Address 12681 Creekside Lane

City Fort Myers State FL Zip Code 33919

Purpose of Disbursement
Wire transfer fees

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 30 2014
Transaction ID : SB21B.4426

Amount of Each Disbursement this Period

310.00

Full Name (Last, First, Middle Initial)

C. Finemark National Bank - Trust

Mailing Address 12681 Creekside Lane

City Fort Myers State FL Zip Code 33919

Purpose of Disbursement
Bank maintenance fee

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 30 2014
Transaction ID : SB21B.4440

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

555.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Jamestown AssociatesMailing Address 5 Mapleton Road
Suite 300

City Princeton State NJ Zip Code 08540

Purpose of Disbursement
Advisory Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB21B.4441

Amount of Each Disbursement this Period

25470.03

Full Name (Last, First, Middle Initial)

B. Law Office of James C Thomas IIIMailing Address 7509 NW Tiffany Springs Pkwy
Suite 300

City Kansas City State MO Zip Code 64153

Purpose of Disbursement
Legal and reporting fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SB21B.4436

Amount of Each Disbursement this Period

6273.16

Full Name (Last, First, Middle Initial)

C. Law Office of James C Thomas IIIMailing Address 7509 NW Tiffany Springs Pkwy
Suite 300

City Kansas City State MO Zip Code 64153

Purpose of Disbursement
Legal and reporting fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2014

Transaction ID : SB21B.4438

Amount of Each Disbursement this Period

7845.50

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39588.69

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Values are Vital

Full Name (Last, First, Middle Initial)

A. Wilson Perkins Allen

Mailing Address 1319 Classen Drive

City	State	Zip Code
Oklahoma City	OK	73103

Purpose of Disbursement
Polling

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : SB21B.4427

Amount of Each Disbursement this Period

17100.00

Full Name (Last, First, Middle Initial)

B. Wilson Perkins Allen

Mailing Address 1319 Classen Drive

City	State	Zip Code
Oklahoma City	OK	73103

Purpose of Disbursement
Polling

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : SB21B.4430

Amount of Each Disbursement this Period

7600.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

24700.00

95212.61

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 29935.00			
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4305		
Purpose of Expenditure Mailer		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 07 / 2014		
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		990334.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 29935.00			
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4336		
Purpose of Expenditure Mailer		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014		
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		1100309.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures.....		59870.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ronald M Firman		[Electronically Filed]		Date MM / DD / YYYY 07 / 14 / 2014	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Axiom Strategies, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1251 NW Briarcliff Parkway Suite 85			Amount <div style="border: 1px solid black; padding: 2px;">25481.00</div>		
City Kansas City		State MO	Zip Code 64116		Transaction ID : SE.4376
Purpose of Expenditure Mailer		Category/Type 004		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2014</div>	
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">1304490.54</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
Full Name of Payee Axiom Strategies, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1251 NW Briarcliff Parkway Suite 85			Amount <div style="border: 1px solid black; padding: 2px;">5739.90</div>		
City Kansas City		State MO	Zip Code 64116		Transaction ID : SE.4391
Purpose of Expenditure Phone Calls		Category/Type 004		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014</div>	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">1399752.44</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">31220.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 18 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 5739.90	
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4392
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 5739.89	
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4393
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		11479.79	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ronald M Firman Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 5 Mapleton Road Suite 300		Amount 38981.34	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4282 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Buy	Category/ Type 004		
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: <u>19</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	852230.41	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 5 Mapleton Road Suite 300		Amount 38981.33	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4283 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Buy	Category/ Type 004		
Name of Federal Candidate LIZBETH BENACQUISTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 19 State: FL
Calendar Year-To-Date Per Election for Office Sought	891211.74	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77962.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 5 Mapleton Road Suite 300		Amount 38981.33
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Media Buy	Category/ Type 004	Transaction ID : SE.4284 Date of Disbursement or Obligation MM / DD / YYYY 04 / 03 / 2014
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 5 Mapleton Road Suite 300		Amount 2058.83
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Hulu.com Ad Buy	Category/ Type 004	Transaction ID : SE.4285 Date of Disbursement or Obligation MM / DD / YYYY 04 / 03 / 2014
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41040.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

MM / DD / YYYY
07 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 2058.82	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4286
Purpose of Expenditure Hulu.com Ad Buy		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2014
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		934310.72	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 2058.82	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4287
Purpose of Expenditure Hulu.com Ad Buy		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2014
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		936369.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4117.64	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ronald M Firman		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 5 Mapleton Road Suite 300			Amount 4676.68		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4295
Purpose of Expenditure TV ad		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 04 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 941046.22			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 5 Mapleton Road Suite 300			Amount 4676.66		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4296
Purpose of Expenditure TV Ad		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 04 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 945722.88			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
(a) SUBTOTAL of Itemized Independent Expenditures.....			9353.34		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 07 / 14 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital	FEC IDENTIFICATION NUMBER ▼ C C00552422
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300			Amount 4676.66	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4297	
Purpose of Expenditure TV ad		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 04 / 2014	
Name of Federal Candidate CURTIS J CLAWSON			Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 950399.54			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>	

Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300			Amount 26680.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4333	
Purpose of Expenditure TV Buy		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 10 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 1017014.54			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31356.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 5 Mapleton Road Suite 300		Amount 26680.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4334	
Purpose of Expenditure TV Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		1043694.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 5 Mapleton Road Suite 300		Amount 26680.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4335	
Purpose of Expenditure TV Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		1070374.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
(a) SUBTOTAL of Itemized Independent Expenditures.....		53360.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ronald M Firman		Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00552422</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Mapleton Road Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20031.68</div>		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4337
Purpose of Expenditure TV Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 11 / 2014</div>	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1135341.22</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Mapleton Road Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20031.66</div>		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4338
Purpose of Expenditure TV Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 11 / 2014</div>	
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1155372.88</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">40063.34</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ronald M Firman</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 5 Mapleton Road Suite 300		Amount 20031.66	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4339
Purpose of Expenditure TV Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 11 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 5 Mapleton Road Suite 300		Amount 500.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4359
Purpose of Expenditure TV ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 14 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		20531.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ronald M Firman		Date MM / DD / YYYY 07 / 14 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 5 Mapleton Road Suite 300		Amount 32442.00
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure TV Ad	Category/ Type 004	Transaction ID : SE.4365 Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2014
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1219346.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 5 Mapleton Road Suite 300		Amount 48663.00
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure TV Ad	Category/ Type 004	Transaction ID : SE.4366 Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2014
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1268009.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	81105.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

MM / DD / YYYY
07 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Mapleton Road Suite 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12500.00</div>		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4377 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure TV ad productions		Category/ Type 004	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate CURTIS J CLAWSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1316990.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Mapleton Road Suite 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8500.00</div>		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4378 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure TV ad productions		Category/ Type 004	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1325490.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 5 Mapleton Road Suite 300			Amount 7500.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4379 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 16 / 2014		
Purpose of Expenditure TV ad productions		Category/ Type 004			
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1332990.54			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 5 Mapleton Road Suite 300			Amount 21344.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4388 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 17 / 2014		
Purpose of Expenditure TV Ad Buy		Category/ Type 004			
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1375334.54			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			28844.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 07 / 14 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Mapleton Road Suite 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13341.00</div>		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4389
Purpose of Expenditure TV Ad Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 04 / 17 / 2014	
Name of Federal Candidate CURTIS J CLAWSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1388675.54</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Mapleton Road Suite 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5337.00</div>		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4390
Purpose of Expenditure TV Ad Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 04 / 17 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1394012.54</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18678.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2014		

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 5 Mapleton Road Suite 300		Amount 2750.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4407 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure TV Ad Production	Category/ Type 004		
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 19 State: FL
Calendar Year-To-Date Per Election for Office Sought	1416792.26	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>5560.03</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 3333.34	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4302
Purpose of Expenditure Internet Media		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 3333.33	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4303
Purpose of Expenditure Internet Media		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6666.67	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ronald M Firman Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ C C00552422		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount 3333.33		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4304
Purpose of Expenditure Internet Media		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 07 / 2014	
Name of Federal Candidate CURTIS J CLAWSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 960399.54			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount 5000.00		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4348
Purpose of Expenditure Internet Media Ads and Services		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 10 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1105309.54			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			8333.33		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u>			Date M M / D D / Y Y Y Y Y Y 07 / 14 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00552422</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5000.00</div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4349
Purpose of Expenditure Internet Media Ads and Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 10 / 2014</div>	
Name of Federal Candidate LIZBETH BENACQUISTO			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1110309.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary		
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5000.00</div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4350
Purpose of Expenditure Internet Media Ads and Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 10 / 2014</div>	
Name of Federal Candidate CURTIS J CLAWSON			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1115309.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ronald M Firman</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2014</div>		
[Electronically Filed]					

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 6000.00	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4357 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Internet media		Category/ Type 004	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1185404.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00552422</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4358
Purpose of Expenditure Internet media		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 14 / 2014</div>	
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1186404.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>		
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4367
Purpose of Expenditure Internet Media		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2014</div>	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1272009.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ronald M Firman</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00552422 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>					
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1000.00 </div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4368
Purpose of Expenditure Internet Media		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 04 / 15 / 2014 </div>	
Name of Federal Candidate LIZBETH BENACQUISTO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1273009.54 </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 6000.00 </div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4369
Purpose of Expenditure Internet Media		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 04 / 15 / 2014 </div>	
Name of Federal Candidate CURTIS J CLAWSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1279009.54 </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 7000.00 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 7000.00 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ronald M Firman</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 07 / 14 / 2014 </div>		

[Electronically Filed]

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount \$5600.00	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4386
Purpose of Expenditure Internet Media	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 17 / 2014
Name of Federal Candidate CURTIS J CLAWSON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>19</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	1352590.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 39
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Values are Vital			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00552422</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Morado & Associates, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1217 E Cape Coral Parkway PMB #160			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1400.00</div>		
City Cape Coral		State FL	Zip Code 33904		Transaction ID : SE.4387
Purpose of Expenditure Internet Media		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 17 / 2014</div>	
Name of Federal Candidate LIZBETH BENACQUISTO			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1353990.54</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1400.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">603543.19</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ronald M Firman			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2014</div>		
<i>[Electronically Filed]</i>					